Case 2:13-bk-52277 Doc 73 Filed 07/07/15 Entered 07/07/15 10:28:41 Desc Main Document Page 1 of 2

Fill	in this information to identify your o	case:								
Del	otor 1 David E. Go	orrell			_					
_	otor 2 buse, if filling)				-					
Uni	ted States Bankruptcy Court for the	e: SOUTHERN DISTRIC	CT OF OHIO		_					
Cas	se number 13-52277				c	Check if this is	:			
(If kr	nown)						An amended filing			
						A supplem 13 income	ent showing as of the foll		n chapter	
	fficial Form B 6I		MM / DD/ YYYY							
S	<u>chedule I: Your Inc</u>	ome							12/13	
atta	use. If you are separated and you ch a separate sheet to this form. t 1: Describe Employment Fill in your employment	On the top of any additi								
١.	information.		Debtor 1			Debtor	Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with	Employment status	■ Employed	Employed			☐ Employed			
	information about additional	p.:0,	☐ Not employed			☐ Not €	mployed			
	employers.	Occupation	Self-Employed							
	Include part-time, seasonal, or self-employed work.	Employer's name				_				
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?							
Par	Give Details About Mo	nthly Income								
	mate monthly income as of the duse unless you are separated.	late you file this form. If	you have nothing to rep	ort for	any line, v	write \$0 in the	space. Inclu	ıde your nor	n-filing	
,	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information	for all e	employers	for that perso	on on the line	es below. If y	you need	
					For	Debtor 1	For Debt non-filin	tor 2 or g spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	N/A		
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	N/A		
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	0.00	\$	N/A		

Debtor 1		David E. Gorrell	•	Case number (if known)		13-52277		
	Сор	y line 4 here	4.	For D	ebtor 1		ebtor 2 or ling spouse N/A	
5.	l ist	all payroll deductions:						
5.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ + \$	N/A N/A N/A N/A N/A N/A N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	
8.	8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8a. 8b. 8c. 8d. 8e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,086.49 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$	N/A N/A N/A N/A N/A	
	8h.	Other monthly income. Specify:	_ 8n.+	»	0.00	+ >	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,086.49	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	3,	086.49 + \$_		N/A = \$ 3,086.49	
11.	othe Do r	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00						
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$ 3,086.49 Combined	
13.	Do y	you expect an increase or decrease within the year after you file this form? No. Yes. Explain:	?				monthly income	